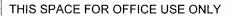


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org





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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type or Print Clearly)							
PART I LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
MORRIS	GEORGE "RED"	Α.	808-531-4551				
MAILING ADDRESS (Street)			FAX				
222 SOUTH VINEYARD STREET, SUITE 401			808-533-4601				
(City)	(State)		(Zip Code)				
HONOLULU	HAWAII	96813-2453					
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			obby) TELEPHONE				
G.A. MORRIS, INC.			808-531-4551				
MAILING ADDRESS (Street)			FAX				
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601				
(City)	(State)		(Zip Code)				
HONOLULU	HAWAII		96813-2453				

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		
ERVICE, ALTRIA CORPORATE SERVI	CES, INC.	
MAILING ADDRESS (Street)		
(State)	(Zip Code)	
CA	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
MAILING ADDRESS (Street)		
E	ERVICE, ALTRIA CORPORATE SERVI (State) CA	

	·					
(City) SACRAMENTO		(State)		(Zip Code) 95814		
		CA				
PAR	T III DESCRIPTION	OF SUBJECTS UPON WHIC	H VOILEYBECT TO L	ORRV		
LVI	THE DESCRIPTION	The state of the s	II TOO EXPECT TO EX	JDB1		
[]	Agriculture	[] Education	[] Human Services	[X] Science, Technology & Economic Development		
[]	Communications & Public Utilities	[X] Government Operations & Finance	[X] Intergovernmental International Affairs	Relations, [x] Tourism & Recreation		
[X]	Consumer Protection & Commerce	[] Hawaiian Affairs	[X] Labor & Employmer	nt [] Transportation		
[]	Culture, Arts, Historic Preservation	[XX Health	[] Planning, Land & W Use Management	ater [X] Other: (indicate below)		
[]	Ecology, Energy Environmental Protection	[] Housing	[] Public Safety & Corr			
L				1		
PAR		N OF LOBBYIST				
	Thereby certify that the	information furnished above	is, to the best of my kno	owledge, correct and complete.		
		(Signature of Lobbyist)		(Date)		
PAR		ON TO LOBBY	TITLE OF AUTHORIZA	O OFFICER OR REPORT PERSONAL P		
NAM	=		TITLE OF AUTHORIZIN	IG OFFICER OR PERSON REPRESENTE	ט.	
	SMITH		DISTRICT DIREC	TOR, STATE GOVERNMENT AFFAIRS		
NAM	E OF ORGANIZATION (if ap	plicable)		TELEPHONE 916-583-9300		
ALTF	RIA CORPORATE SERVICES	S, INC., ON BEHALF OF PHILIP MC	RRIS USA INC.			
MAIL	ING ADDRESS (Street)	-		FAX 916-583-9330		
1415	L STREET, SUITE 1150					
	(City)	(State)		(Zip Code)		
	SACRAMENTO	CA		95814		
	I hereby authorize the	above - named person to eng	age in lobbying activitie	s on behalf of the undersigned.		
	T.	787		1-25-07		
	(Signat	ture of Authorizing Officer or Person	Represented)	(Date)		